



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET
NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR.
COMPTROLLER

Date: Aug 15th/2006

INSTRUCTIONS FOR FILING A NOTICE OF CLAIM

Under Section 50-e of the General Municipal Law, all tort claims against the City of New York should be filed with:

The New York City Comptroller's Office
1 Centre Street - Room 1225
New York, New York 10007

The Notice of Claim must be in writing. You may use the attached form or a similar format. The Notice of Claim must be notarized and served *personally* or by *certified mail* within 90 days from the date of the occurrence.

Tort claims against the below named authorities should NOT be filed with the Comptroller's Office but instead, directly with the particular authority:

NYC Transit Authority
Triboro Bridge and Tunnel Authority
MABSTOA
OTB
NYC School Construction Authority

NYC Housing Authority
Board of Higher Education
Port Authority
Battery Park City Authority

Local Law No. 82 of 1979 provides, in part:
 "No Civil action shall be maintained against the City for damage to property or injury to person or death sustained in consequence of any street or sidewalk...being out of repair...unless it appears that written notice was actually given to the Commissioner of Transportation or any person or department authorized by the commissioner to receive such Notice (Department of Transportation, 40 Worth Street, NYC 10013) or where there was previous injury to person or property as a result of the existence of the defective, unsafe, dangerous or obstructed condition and written notice thereof was given to a City agency, or there was written acknowledgement from the City of the defective condition...and there was a failure to neglect within fifteen days after the receipt of such Notice to repair or remove the defect...or the place otherwise made reasonably safe."

Please note that it is a criminal offense to file a false claim.

RECEIVED
CITY OF NEW YORK
COMPTROLLER'S OFFICE
2006 AUG 15 PM 1:57
GENERAL MUNICIPAL LAW
BURR LIBRARY COLLECTION
BY R. BURR LIBRARIAN

PERSONAL INJURY

This claim must be filed in person or by registered or certified mail within 90 days from the date of occurrence at the Office of the Comptroller, Municipal Building, Room 1225, 1 Centre Street, New York, N.Y. 10007.

To The Comptroller of the City of New York: I herewith present my claim against the City of New York.

TYPE OR PRINT INFORMATION

PERSONAL INFORMATION

Name Of Claimant Last First Age Date of Birth Month Day Year
KRART TIMOTHY 64 JAN 26 1942

Address Number & Street CITY (Borough) State Zip Home Phone
14 E. 28th N.Y. N.Y. 10016 646-279-1166

Date of Accident Month Day Year Exact Location of Accident ACCIDENT INFORMATION
5 18 06 BELLEVUE HOSP. 1st AV. 28th ST. N.Y.N.Y.
 AM PM Describe how Accident Happened: Was taken to Bellevue Psychiatric against my will and kept for beyond 72 hrs. without any logical or psychiatric reason.

Was There a Witness to Accident? Yes No If Yes, Give Name: LAST FIRST DR. JURICH VACIC

Address & Phone No. of Witness:

NUMBER & STREET CITY (BOROUGH) STATE ZIP PHONE NUMBER
135 W. 23RD ST. N.Y. #314 10011 212-258-6632

Were Police Present at the Accident Scene? Yes() No()

P.D. Shield # PRECINCT # Accident Report # N/A

MEDICAL INFORMATION

Date Of First Treatment:

Was Claimant Taken To Hospital By Ambulance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Give Dates Treated In Emergency Room? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Admitted To Hospital?	From 5/18/06 To 5/23/06 Month Day Year
--	---	---	-----------------------	--

Name of Treating Physician: DR. HUARD BELLEVUE HOSP.
Address Of Doctor: 135 GREENBURG ST. N.Y. CITY (BOROUGH) 1ST AV. 28TH ST. N.Y. STATE N.Y. ZIP

Describe Your Injury: HELD AGAINST MY RIGHTS LONG AFTER 72 HR. LIMIT. WITHOUT ANY CAUSE OR REASONING (SEC 9.40 MENTAL HYGIENE LAW) (SEC 9.39 MENTAL HYGIENE LAW)
(SEVERE STRESS + TRAUMA)

Status At Time of Accident <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Housewife <input checked="" type="checkbox"/> Unemployed <input type="checkbox"/> Retired	If Employed, Weekly Salary N/A	Number of Working Days Lost, If Any N/A
--	--------------------------------	---

Employer's Name N/A	Social Security # 054-34-1020	Amount of Pay Lost (if any) N/A
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Employer's Address N/A	Phone N/A
------------------------	-----------

Number & Street N/A	City (Borough) N/A	State N/A	Zip N/A
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Amount of Doctor Bills If Any \$	DOCTOR AND HOSPITAL EXPENSES		
----------------------------------	------------------------------	--	--

Doctor Bills If Any \$	Are Bills Submitted With This Claim? Yes() No()		
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Amount of Hospital Bills If Any \$	Are Hospital Bills Submitted With This Claim? Yes() No()		
------------------------------------	--	--	--

COMPLETE THIS SECTION IF ACCIDENT INVOLVED NYC OWNED VEHICLE			
--	--	--	--

Was Claimant the Owner of Vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, Owner's Name _____	Last _____	First _____
--	---------------------------	------------	-------------

Involved in Collision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last _____		
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Owner's Address: Number & Street N/A	City (Borough) N/A	State N/A	Zip N/A
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Name of NYC Driver: N/A	Was Claimant the Driver? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passenger? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No of the Vehicle? N/A		
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Last _____	NYC Vehicle and Driver Information	NYC License Plate Number N/A
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Employed By (Provide Name of City Agency): N/A	TOTAL AMOUNT CLAIMED FOR INJURIES, EXPENSES, ETC.		
--	--	--	--

Date Aug. 15 th, 2006	N/A	Signature of Claimant X
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STATE OF NEW YORK COUNTY OF	Signature of Notary Public _____		
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I, Timothy Krart, being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my knowledge, belief and recollection the facts herein stated to be alleged upon information and belief, and as to those matters I do declare them to be true.

Signature of Claimant X Timothy Krart IF CLAIM IS NOT SETTLED, COMMENCE STATUTORY ACTION WITHIN ONE YEAR AND 90 DAYS FROM THE DATE OF ACCIDENT

Sworn to before me this 15 day of August 2006
Signature of Notary Public Richard B. Minor

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04MI614732
Qualified in New York County
Commission Expires June 5, 2010

Nov. 2nd, 2006

Claim # 2006 P 1021508

Office Of The Comptroller
The City Of New York
c/o Benjamin Samuel

Re: File documents discussed on the phone.

Dear Mr. Samuel:

Enclosed you will find the key documents from my file, plus, a letter of denunciation from Dr. Jack Jurich who has years of experience dealing in these matters.

He has worked in two-hospitals and is also familiar with myself.

Furthermore, you can see that Dr. Kramer's reasoning for keeping me was bogus to say the least.

First of all there was no assault because there were no marks on either one of us and that explains why there wasn't any arrest made nor did the police accompany us to the hospital.

I'd also like to mention that the man in the wheelchair is a phony collecting checks for a disability he doesn't have; many people in my building are aware of the fact that he's quite mobile, in fact, he got out of the wheelchair after pursuing me up the block, then slapping me in the face.

Also, I was brought to the hospital for pushing the assistant manager of my residence, which is an apartment building; by the way; I have a lease, I did push him, but it was a response in kind, nevertheless, once I arrived at the hospital a caseworker for some in the building including the man in the wheelchair, but not me, misrepresented herself as being my caseworker, in which, I don't have any, but this seemed to give her credibility with the doctors in the emergency room. *She pulled a switch and now The case in point was the man in the wheelchair, instead of the push, who was absurd to begin with.* She told the doctors that I could not return to the building; she also said this to the police earlier.

I'd also like to bring to your attention that The EMS Workers DID NOT want to take me, but Ms. Neri made such a stink of it that they called Their SUPERVISOR who exclaimed, "Let the doctors over their decide"! And that's how I wound up at Bellevue.

In closing, I'd like to mention that the owner of my building is married to Dr. Lloyd Sederer, The Deputy Commissioner On Mental Hygiene in this city as you're probably aware of. She also sits on the board of directors of CUCS the agency Ms. Neri works for, not to mention the fact, that she also houses employees of Bellevue, including, Anthony Stamatouras, who lives in apartment 513 which is located in my building, and just happened to be working on 18 west where I was kept; this I found odd, to say the least, not to mention the conflicting interest'.

Finally, Dr. Haddad, who, by the way overruled Dr. Amy Cohen who wanted to release me, even though he had never met me as yet, his excuse being that Neri told him that it was not safe for me to return to the building because there were threats against me. I replied, if that's the case then I should be released and they should be brought here. I then asked, doesn't that sound bogus? he replied, "I admit it does, but I want to keep you a little longer."

I think Bellevue was trying to act on the building's behalf at my expence and this is a no-no.

Sincerely,

Timothy Kraft
14 East 28th Street, NYC, NY 10016
(Apt: 630) Tel: 646-279-1166
krafttimothy@yahoo.com

P.S. Haddad said that he would keep me 72 hrs. and he violated that. See Sections 9.39 & 9.40 of the Mental Hygiene laws.

Note: I included my complaint report to police; if I was the perp then why would I have been issued this?

Please Reply.

Also, I never admitted to a psychiatric history and Liengang knows that; when he asked, I told him I had never been under a psychiatrist care which is the truth.

Also, I am not a manic depressive in any way shape or form; that's why there's no medication.

And finally, finally, I never said that I was extremely obsessive; ~~extensive~~ I said that I was very detailed.

Jack Jurich, Ph.D.

Clinical Psychology

135 W. 23rd St. #314

New York, NY 10011

Phone: 212-255-6632

MYS License: 014799

07/27/06

To Whom It May Concern,

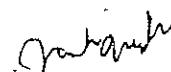
This letter is in regard to Mr. Timothy Kraft's Bellevue hospitalization. Mr. Kraft has been a patient in my care for 1x weekly psychotherapy, since 2000 and I do not agree with the diagnosis that was given to the patient at the time of discharge from Bellevue.

Furthermore, Dr. Haddad took liberties in the patient's file about what I had discussed with him on the telephone, which seems inappropriate behavior on his part.

Also, the mental status exam conducted by Dr. Mallroy on 5/18/06 seems inadequate grounds to have held Mr. Kraft for any further observation.

Lastly, the statement in the discharge summary that I "agreed with the impression of the staff here at Bellevue that the patient can be quite irritating and needling of authority and that this resulted in conflicts at the hotel" is inaccurate. The only thing discussed that was remotely similar to this statement is that I mentioned Mr. Kraft has a history of getting into disputes with the management at his residence.

Sincerely,



Jack Jurich, Ph.D.

MENTAL STATUS EXAMINATION

Unit CPEPTime, Date 8 pm. 5/18/06Must respond within each category and to items in **BOLD** print. No disturbance = 0, unknown = ?**GENERAL APPEARANCE**

appear, stated age, dressed in black, in 125 lbs, H

operation

cooperative

Psychomotor activity

T

mild/fidgeting in chair

ATT

GREENBERG ELI

EPS, dyskinesia, tics, etc.

O**SPEECH**Spontaneity
Rate/Prosody
Volume Spontaneous Normal Normal Long latency Halting Soft Needs prompting Rapid Loud Mute Pressured

THOUGHT PROCESS

 Impoverished Concrete Loose Uncoherent Tangential Irrelevant Flight of ideas

THOUGHT CONTENT

 Preoccupations Phobia Grandiose Overvalued ideas Paranoid Bizarre Nihilistic Referential Any preparation Final Acts Obsessions Delusions Religious Somatic Grandiose says he has a Ag has a Ag has a very attractive attractive

circumstantial

overinclusive

SUICIDAL IDEATION

 Must describe general themes Morbid thoughts Intent other delusions, paranoia

AGGRESSIVE IDEATION

 Vague ideas Weapon available Victim identified Passive SI Planning Any preparation Lethal means available: DESCRIBE METHOD Final Acts

PERCEPTION

 Derealization Depersonalization Illusions

Auditory Hallucinations:

 Whispering Recognizable Commands Appears to be responding to internal stimuli Simple Sounds/phrases Address Each Other Follows commands Describe content Single voice Address patient Distressing

Visual Hallucinations:

Other

 Simple Olfactory Complex Gustatory Bizarre Tactile Describe content Describe

MOOD

 Elevated Depressed NeutralPatient describes mood as (quote) I'm in a good mood because I met you

AFFECT

Tense

Instability/Reactivity

Inappropriateness

 Describe affects observed (tearful, smiling, etc.) Broad, expansive Full Diminutive, reactive Inappropriate to content Constricted Labile Blunted/flattened Inappropriate to situation

COGNITION

Oriented to

Attention/Concentration

Memory

MSE

Intelligence

 Person I-d-i-r-o-w Registers / items, recalls in minutes Must be given for any "organic" diagnosis Normal High Place Time Situation Serial 's Spontaneous Categories Multiple choice Mild MR Moderate MR Severe MR

SIGHT

Check all that apply

JUDGEMENT

all that apply

 No insight Recognizes presence of illness Understands psychiatric nature Accepts need for treatment Poor as a function of current mental status Adequate for basic needs Follows recommendations Poor as a function of stable traits Understands consequences of behavior

When told that he would be staying here in EDU, pt became angry, raised his voice, and got out of his seat and invaded interviewer's space

9MD

Init _____ Time, Date _____

Must respond within each category and to items in bold print. No disturbance=0, unknown=?

Appearance	well appearing, dressed in black, NAD				
Cooperation	<input checked="" type="checkbox"/> Cooperative				
Psychomotor activity	<input checked="" type="checkbox"/> Drowsy				
EPS, synesthesia, etc.					
Speech					
Spontaneity	<input checked="" type="checkbox"/> Spontaneous	Dlong latency	DNeeds prompting	Dtute	
Rate/Precency	<input checked="" type="checkbox"/> DNormal	DRattling	DRapid	<input checked="" type="checkbox"/> Pressured	
Volume	<input checked="" type="checkbox"/> DNormal	DSot	DLoud		
Thought process	<input checked="" type="checkbox"/> DImpoverished	<input checked="" type="checkbox"/> DTangential	DRelevant	DFlight of Ideas	DLoose
Thought content	<input checked="" type="checkbox"/> Preoccupations <input checked="" type="checkbox"/> DOvervalued ideas <input checked="" type="checkbox"/> DRreferential <input checked="" type="checkbox"/> DObsessions <input checked="" type="checkbox"/> DDelusions <input checked="" type="checkbox"/> DPhobia <input checked="" type="checkbox"/> DFantasies <input checked="" type="checkbox"/> DParanoid <input checked="" type="checkbox"/> DBizarre <input checked="" type="checkbox"/> DRhinestic <input checked="" type="checkbox"/> DReligious <input checked="" type="checkbox"/> DSomatic <i>Must describe general themes, possibly thinks many "influence him," he may be "frightened."</i>				
Disturbed thoughts	<input checked="" type="checkbox"/> DDisturbing thoughts <input checked="" type="checkbox"/> DPassive SI <input checked="" type="checkbox"/> DPlanning <input checked="" type="checkbox"/> DAny preparation <input checked="" type="checkbox"/> DFinal acts				
Harmful thoughts	<input checked="" type="checkbox"/> DVile <input checked="" type="checkbox"/> DLethal means available <input checked="" type="checkbox"/> DDescribe method				
Violent thoughts	<input checked="" type="checkbox"/> DVague ideas <input checked="" type="checkbox"/> DSpecific aggressive ideas <input checked="" type="checkbox"/> DSpecific homicidal ideas <input checked="" type="checkbox"/> DPossible plan				
Weapons available	<input checked="" type="checkbox"/> DWeapon available <input checked="" type="checkbox"/> DDescribe method				
Victim identified	<input checked="" type="checkbox"/> DVictim identified Name _____ <input checked="" type="checkbox"/> DNotified				
Perception	<input checked="" type="checkbox"/> DDecategorization <input checked="" type="checkbox"/> DDepersonalization <input checked="" type="checkbox"/> DIllusions				
Auditory hallucinations	<input checked="" type="checkbox"/> DWhispering <input checked="" type="checkbox"/> DSimple sounds/phrases <input checked="" type="checkbox"/> DSsingle voice <input checked="" type="checkbox"/> DMultiple voices <input checked="" type="checkbox"/> DRecognizable <input checked="" type="checkbox"/> DAddress each other <input checked="" type="checkbox"/> DAddress patient <input checked="" type="checkbox"/> DDistressing <input checked="" type="checkbox"/> DCommands <input checked="" type="checkbox"/> DFollows commands <input checked="" type="checkbox"/> DDescribe content				
Visual hallucinations	<input checked="" type="checkbox"/> DAppears to be responding to internal stimuli				
Other	<input checked="" type="checkbox"/> DSimple	<input checked="" type="checkbox"/> DComplex	<input checked="" type="checkbox"/> DBizarre	<input checked="" type="checkbox"/> DDescribe content	
Dotactory	<input checked="" type="checkbox"/> Dotactory	<input checked="" type="checkbox"/> DGustatory	<input checked="" type="checkbox"/> DTactile	<input checked="" type="checkbox"/> DDescribe	
Mood	<input checked="" type="checkbox"/> DElevated	<input checked="" type="checkbox"/> DDepressed	<input checked="" type="checkbox"/> DNeutral		
<i>Patient describes mood as (quote) "I feel good, I'm always good"</i>					
Affect	<input checked="" type="checkbox"/> DDescribe affects observed (fearful, smiling, etc) Smiling, laughing				
Range	<input checked="" type="checkbox"/> DBroad, expansive <input checked="" type="checkbox"/> DFull <input checked="" type="checkbox"/> DConstricted <input checked="" type="checkbox"/> DBlunted/flattened				
Stability/Instability	<input checked="" type="checkbox"/> DStable	DUnstable/reactive	DLabile		
Appropriateness	<input checked="" type="checkbox"/> DAppropriate	DInappropriate to content	DInappropriate to situation		
Cognition					
Oriented to	<input checked="" type="checkbox"/> DPerson	<input checked="" type="checkbox"/> DPlace	<input checked="" type="checkbox"/> DTime	<input checked="" type="checkbox"/> DSituation	
Attention/Concentration	<input checked="" type="checkbox"/> DPoor/Slow	<input checked="" type="checkbox"/> DSerial 7's	$100 - 7 = 93 - 7 = 86$		
Memory	<input checked="" type="checkbox"/> Registers 3/3 items, recalls 3 in 4 minutes DSpontaneous DCategories Dmultiple choice				
MMSE	<i>Must be given for any organic diagnosis</i> Score /				
Intelligence	<input checked="" type="checkbox"/> DNormal	<input checked="" type="checkbox"/> DHigh	<input checked="" type="checkbox"/> DLow normal	<input checked="" type="checkbox"/> DMild MR	<input checked="" type="checkbox"/> DModerate MR
Insight	<input checked="" type="checkbox"/> DNo insight	DRecognizes presence of illness	<input checked="" type="checkbox"/> DUnderstands psychiatric nature		
Check if that apply	<input checked="" type="checkbox"/> DAcepts need for treatment				
Judgment	<input checked="" type="checkbox"/> DPoor as a function of current mental state				
Check if that apply	<input checked="" type="checkbox"/> DInadequate for basic needs				

645736
KRAFT, TIMOTHY
01/25/42 M
ACT 25110379 05/18/03

15MD

TREATMENT PLAN

Use Formulation and Rationale for Admission

for Records: () None () Requested, not received at this time

*y/psycho/social Formulation
cent casual chain leading to current presentation
y/must rx proceed in the hospital?
lat clinical objective might be achieved in 2-3 weeks?*

645736

KRAFT, TIMOTHY

01/25/42

ACT 26110379 05/18/05

P/C/P

ATT GREENBERG ELI

(64 yo ♂ c hx hyperlipidemia and ♂ past hx who was in verbal + physical altercation w/ man in wheelchair + building manager at Prince George today. Pt states that the man was verbally harassing him + that the man pushed him first. He says the bldg manager shoved him + so he shoved him back. A case worker at Prince George states that the pt was unprovoked and that he has a hx at Prince George of being paranoid, irritable and follows staff around. On interview, pt was circumstantial + overinclusive with pressured speech. He denies that he was at fault in the altercation and that he does not need to be on a 4 ward. He exhibited signs of grandiosity, saying that he was a star in high school, that prostitutes would offer to be with him for free, and that he writes excellent screen plays & novels. He denies SI/HI/PI/TNT. Our assessment is that due to pt's physical, unprovoked per case worker, assault on man + bldg manager that he should be placed in the EOU.

problems: ① agitation
② hypomania

causes: pt's agitation may be related to argument or, if unprovoked, may be biologic or chemically induced.

- Plan:
- EOU His hypomania appears biologic, C/P substance induced.
 - attempt to get collaterals
 - consider starting Depakote or a benzodiazepine - pt declined
 - haldo + ativan prn agitation
 - CXR
 - Labs - CBC, LFTs, RPR, TSH

Signature

Print/MD# Rochelle L. M.D.

Attending

Print/MD# Eli Weisz M.D.

IV Diagnosis**Primary diagnosis**

Axis I MDD d/o NXR

Code

N.R. with Axis II

None

Y/O bipolar d/o

Code

Y/O major comorbid d/o

Code

Y/O S+MD

Code

depressed

Code

histrionic traits

Axis IV on welfare

Axis V (GAF) 35



INCIDENT INFORMATION SLIP
PD 301-164 (Rev. 3-98)-Part (RMU)

48h 13



Date: 5/18/06

Welcome to 13 PCT. 230 EAST 21 STREET, NYC, NY 10010 212-477-7416 or 417
(Command) (Address) (Telephone No.)

We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number(s):

Complaint Report No.: 4418 Accident Report No.: _____ Aided Report No.: _____

Reported to: Po BAZA Date of Occurrence: 5/18/06 Time: 1700
(Rank) (Name) (Shield No.)

Location of Occurrence: 14 E 28

Time: HAWKSMERE

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us at telephone number _____ . Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business.

Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY — PROFESSIONALISM — RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!!

Fri, 23 Jun 06 1450

Page 1 of 5

Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-18W-50-B	Kraft, Timothy	645736	645736-11	64Y	M

Attending Physician
Leingang, Terrance A

Unscheduled Discharge Summary

Event Time: Tue, 23 May 06 0000

Status: complete

Fri, 26 May 06 1247 Documented by

Attndg Physician: Terrance A Leingang, MD
 Dictated By : Terrance A Leingang, MD
 Discharge Date : 23May2006
 Dictation Date : 25May2006
 Xscription Date : 26May2006
 Report :

PSYCHIATRIC DISCHARGE SUMMARY

Patient:
Kraft, TimothyMedical Record No:
064 57 36

Age:	Sex:	Ward:	Date Adm:	Disch
Date:				
64	M		05/18/06	05/23/06

HISTORY OF PRESENT ILLNESS: This is the first psychiatric admission for this 64-year-old white male who was brought to the hospital by emergency medical services from the Prince George Hotel Residence. The patient had reportedly shoved a manager of the hotel precipitating the call to police and then subsequently to EMS. The patient also had reportedly assaulted another client of the residence who was wheelchair bound. The patient himself admitted to much of the above history. However, he claimed that this other resident frequently harasses him by calling him names by shit head. On the day of admission, the patient said he left the hotel lobby and this patient in the wheel chair again called him names. The patient proceeded to walk down the street but he was claimed to be pursued by the man who had an electric powered wheelchair. He says that the man in fact assaulted him and that he returned the punch. Later back in the lobby of the hotel room they continued to argue. Someone from the hotel management apparently came between them. The patient said that this manager shoved him, so the patient shoved him back. This was the incident that resulted to his being brought to the hospital. Upon

Fri, 23 Jun 06 1450

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-18W-50-B	Kraft, Timothy	645736	645736-11	64Y	M

Attending Physician
Leingang, Terrance A

Unscheduled Discharge Summary -- cont'd
admission to the hospital, the patient was somewhat agitated and somewhat hyperactive.

→ PAST PSYCHIATRIC HISTORY: He admitted to a past psychiatric history, which included only outpatient therapy. The patient denied any substance or alcohol abuse.

COURSE IN THE HOSPITAL: The patient was not started on any medications. He supplied the name of his outpatient psychologist who was a Dr. Jack Gurich at telephone number 212-255-6632. Dr. Gurich confirmed much of the patient's history. He noted that he had been seeing him on an outpatient basis in psychotherapy for the past five to six years. Additionally, he had known the patient who was being seen in a clinic situation prior to seeing Dr. Gurich on a private basis. According to Dr. Gurich, the patient had never been prescribed medications and had never been hospitalized. He did say that he believed that the patient once received a prescription for Xanax to be taken on a p.r.n. basis but as far as he knows the patient never took the Xanax. He described the patient as having narcissistic with strong obsessional trends. He agreed with the impression of the staff here at Bellevue that the patient can be quite irritating and needling of authority and that this resulted in conflicts at the hotel. The Prince George is staffed by the CUCS. The treatment team received a call from Stacy Neri of the CUCS at the Prince George. She requested to discuss the patient. The patient however, did not give permission to discuss his case with anyone from CUCS. The patient noted that the CUCS staffs the hotel but that he is not under their care. This was discussed with Ms. Neri who confirmed that their services in the Prince George Hotel are voluntary and that the patient has not accepted their services. She appeared to be aware that the patient has an outpatient treatment team but she was not in contact with them. Curiously, Dr. Gurich said that he had had some contact sometime ago with staff of the CUCS, but not Ms. Neri. Ms. Neri faxed a number of documents describing the difficulties that the hotel had encountered

Fri, 23 Jun 06 1450

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Bellevue Hospital Center
Chart Review Print

Location DIS-18W-50-B	Patient Name Kraft, Timothy	Patient Number 645736	Visit Number 645736-11	Age 64Y	Sex M
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Attending Physician
Leingang, Terrance A

Unscheduled Discharge Summary -- cont'd

in dealing with the patient. These were largely about the patient's verbal harassment. She also described the incident with the man in the wheelchair as unprovoked. It was also suggested that a staff member at the Prince George had gotten an order of protection against the patient as he had been giving this staff member unwanted attention. The patient himself denied this. He said that it was a rumor that there was an order of protection against him. He said in fact this was not the case and that he had a letter at home, which in fact was a letter of apology from the management of the Prince George about the circulation of the rumor that there was an order of protection. An examination of the records sent by CUCS did list the police report of the harassment which was referred to, however, consistent that the patient had said this statement from the police notes that there is no order of protection. Nonetheless, the above was discussed with the patient. The patient agreed that he tended to be very obsessional and precise in his thinking and to get perhaps overly focussed on details of the management of the building that in turn resulting in conflicts with the management and with CUCS. The patient gave us an example his determining that mail was being handled inappropriately in the Prince George Hotel when he arrived there three years ago, specifically, the mail which is placed on the lobby desk and then sorted by someone in the management of the Prince George. The patient noted that he and other residents at times felt that the mail was stolen or missing. The patient took it upon himself to approach postal officials. The patient claims that they sent an investigator who had determined that in fact the mail was being handled inappropriately. As a result of this, two mail delivery boxes were placed outside the Prince George, which are now functioning to sort out the mail in a more appropriate manner. The patient took some satisfaction in this and likely was correct in his analysis. However, such behavior would likely result in conflicts with the management of the hotel.

During the time at the hospital, the patient was not

Fri, 23 Jun 06 1450

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Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-18W-50-B	Kraft, Timothy	645736	645736-11	64Y	M

Attending Physician
Leingang, Terrance A

Unscheduled Discharge Summary -- cont'd

treated with medication. He was generally appropriate. He did show strong obsessional trends and paranoid trends in his thinking and also a narcissistic quality. This was consistent with Dr. Gurich's impression. Later in hospitalization, Ms. Neri from CUCS called once again. She noted that her director was requesting that there be a case conference about the patient. It was noted by Ms. Neri that the patient had not given permission to discuss his case with CUCS and also the CUCS was not in fact an official provider of services to him. Therefore, he was curious that her director was asking for a case conference. Ms. Neri further stated that they needed a case conference before he would be allowed to return to the hotel. It was suggested to Ms. Neri once again that they were not a provider for this patient and they had no authority over the patient's return to the hotel. Nonetheless, the issues of potential conflict were discussed with the patient and the patient verbalized his agreement that he would try to curtail his interactions with CUCS and with the building management. As the patient was not deemed to be a danger (to himself or others), was verbalizing commitment to continue in outpatient treatment and to address these issues in his outpatient treatment, the patient was discharged back to his residence.

MENTAL STATUS ON DISCHARGE: The patient was alert, oriented x3, and his memory was grossly intact. His affect was slightly elevated, generally appropriate. His mood was neutral. In his thinking, he was reasonably well organized but with obsessional and paranoid trends. He was not delusional, hallucinating, suicidal or assaultive. His insight and judgment were reasonably intact.

psychotic

FINAL DIAGNOSES: Axis I: Psychothymic disorder.
Axis II: Personality disorder with obsessional, paranoid, and narcissistic trends.
Axis III: Hyperlipidemia and increased glucose.
Axis IV: Conflicts with staff at the Prince George Residence.
Axis V: GAF was 30 on admission, 60 on discharge.

Fri, 23 Jun 06 1450

Page 5 of 5

Bellevue Hospital Center
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-18W-50-B	Kraft, Timothy	645736	645736-11	64Y	M

Attending Physician
Leingang, Terrance A

Unscheduled Discharge Summary -- cont'd

DISPOSITION: The patient returned to live at the Prince George.

REFERRAL: Referral is back to Dr. Jack Gurich.

MEDICATIONS ON DISCHARGE: There were no medications given on discharge.

Dr. Terrence Leingang
D: 05/25/06
T: 05/26/06
CMAG/DIV/TL
06-01066100

* * * End of Report * * *

Tom Keay Case # 2006P1021508
14 E. 28th St., N.Y.C., N.Y. 10016 (APT: 630)

03 NOV
2006

Office of the Comptroller
The City of New York
1 Centre Street, New York,
N.Y. 10007-2341

Attn:
Benjamin Samuel

14 E. 28th St., N.Y.C., N.Y. 10016 (APT: 630)